

ACADEMIC ADVISEMENT REPORT

Corrections/Course Substitutions

RETURN TO THE OFFICE OF UNDERGRADUATE STUDIES, SEARS 357

Part I: Please complete

Name: _____ SIS ID _____ Case Email: _____

Entered Case: _____ (Month, Year) Please change my graduation date (circle one): Yes · No
Graduation Term (circle one): Fall · Spring · Summer _____ (Year)

Program/Plan Information (use separate forms for different degrees)

School (circle one): CAS · WSOM · ENG · NURS

Degree (circle one): BA · BS · BSE · BSN

Major Plan(s) _____

Minor Plan(s): _____

Concentration / Sequence Subplan: _____

(required for Anthropology, Theatre, Music, Biomedical Engineering, Artificial Intelligence, Art Studio, Didactic Program in Dietetics)

Part II: Please complete all sections that apply (this is a 2-page form). Do not use this form to modify General Education Requirements; use a Special Request (Petition) form for special exceptions to a regulation or curriculum requirement.

TECHNICAL ELECTIVES:

Courses that are not pre-approved require advisor approval.

_____, _____, _____
_____, _____, _____

Advisor Approval:

Print Name _____

Signature _____ Date _____

OFFICE USE ONLY

RG:
R:
LN:
Override #

COURSE SUBSTITUTIONS:

Substitute _____ for _____

Substitute _____ for _____

Substitute _____ for _____

Advisor Approval:

Print Name _____

Signature _____ Date _____

OFFICE USE ONLY

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R:
LN:
Override #
RG:
R:
LN:
Override #

OTHER CORRECTIONS

Approval is required from the appropriate major or minor advisor or departmental representative if the course is not pre-approved (i.e., documented in the *Handbook for Undergraduate Students, General Bulletin*, or other departmental documentation).

Advisor Approval:

Print Name _____

Signature _____ Date _____

OFFICE USE ONLY

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R:

LN:

Override #

RG:

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Override #

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Override #

I hereby certify that the corrections listed on this form are correct to the best of my knowledge.

Student Signature _____ **Date** _____